

ACCOUNTABLE BASE BUDGET REVIEW



October 2021 Final Analysis, Phase 2 of 2

OVERVIEW: HOUSE JOINT RESOLUTION 18

- Requires each appropriations subcommittee to create an accountable budget process
- Approximately 20 percent of each subcommittee's budget is to be reviewed in depth each interim
- All areas will be reviewed in depth every five years
- Each subcommittee is charged with creating a separate section of the base budget bill for the 20 percent reviewed each interim

2019	2021	2022	2023	2024
Administration; Unemployment Insurance; Public Guardian	Behavioral Health; Opioid Misuse Prevention; Suicide Prevention; Homelessness; Housing	Medicaid Eligibility, Operations, and Recovery Services; Workforce Operations; Aging Services	Long-Term Care and Community-Based Waivers; Disability and Aging Services; Primary and Family Care	Medicaid Services; Child Welfare; Welfare Assistance; Development Funds
DOH - Executive Director's Operations	DHS - Substance Abuse and Mental Health and Associated Funds	DOH - Medicaid and Health Financing	DHS - Services for People with Disabilities	Medicaid services - DOH - Medicaid Services
DWS - Administration	DOH - Vaccine Commodities	DHS - Office of Recovery Services	DOH - Intermediate Care Facilities	DHS - Child and Family Services
DWS - Unemployment Insurance	DOH - Local Health Departments	DWS - Operations and Policy	DOH - Nursing Home	DWS - General Assistance
DWS - Unemployment Compensation Fund	DOH - Qualified Patient Enterprise Fund	DHS - Aging and Adult Services (not including Aging Waiver)	DWS - Utah State Office of Rehabilitation	DOH - Children's Health Insurance Program
DHS - Executive Director Operations (including Human Services Client Trust Fund)	DOH - Traumatic Brain Injury Fund & Spinal Cord and Brain Injury Rehabilitation Fund		DOH - Rural Physicians Loan Repayment Assistance	DWS - Nutrition Assistance
DHS - Office of Public Guardian	DOH - Disease Control and Prevention		DOH - Primary Care Workforce Financial Assistance	DWS - Navajo Revitalization Fund
	DWS - Housing and Community Development		DOH - Family Health and Preparedness	DWS - Uintah Basin Revitalization Fund
	DWS - Office of Homeless Services		DOH - Organ Donation Contribution Fund	DWS - Special Service Districts
	DWS - Qualified Emergency Food Agencies Fund		DWS - Utah Community Center for the Deaf Fund	DWS - Permanent Community Impact Bonus Fund
	DWS - Olene Walker Housing Loan Fund		DWS - Individuals with Visual Impairment Fund	DWS - Permanent Community Impact Fund
	DWS - Intermountain Weatherization Training Fund		DHS - Aging and Adult Services (Aging Waiver only)	DWS - Community Development Capital Budget

DOH = Dept of Health, DHS = Dept of Human Services, DWS = Dept of Workforce Services

ACTIONS FOR TODAY

- Approve the entire base budget for the accountable base budget areas under review
- Staff recommendations to accept or reject

BASE BUDGET AREAS UNDER REVIEW

- Health
- Human Services
- Workforce Services

MOTION FOR CONSIDERATION

Under Joint Rule 3-2-101 and 3-2-402, I move to authorize legislative staff to prepare and number the base budget bill for the Social Services Appropriations Subcommittee, to be presented to the Executive Appropriations Committee no later than the third Wednesday in December, in preparation for the 2022 General Session. Staff shall include in these bills:

- 1) The accountable process budget changes adopted today;
- 2) Ongoing General, Education, and Uniform School Fund appropriations defined in the current year's appropriations acts;
- 3) Federal Fund, Dedicated Credit, Restricted fund and account amounts that are the lesser of current year ongoing appropriations or agency budget requests; and
- 4) Adjustments to nonlapsing balances, transfers, and other dependent amounts as calculated.

In consultation with the Co-Chairs of the Social Services Appropriations Subcommittee or the Co-Chairs of the Executive Appropriations Committee, staff may make any technical changes necessary, including balancing between the General Fund and Education Fund, in order to balance the overall budget.

16 RECOMMENDATIONS SUGGESTED BY STAFF

1. What is the agency(s) position on recommendations?
 1. Support - 12
 2. Neutral – 2
 3. Oppose – 2
2. Two recommendations include options to free up \$331,600 ongoing General Fund.

SPINAL CORD AND BRAIN INJURY REHABILITATION FUND

Sources of Finance	2016 Actual	2017 Actual	2018 Actual	2019 Actual	2020 Actual	2021 Actual	2022 Est.
Dedicated Credits Revenue	\$ 163,200	\$ 144,600	\$ 234,300	\$ 352,500	\$ 435,700	\$ 425,700	\$ 352,500
Beginning Fund Balance	\$ 413,400	\$ 334,300	\$ 310,800	\$ 449,400	\$ 612,100	\$ 789,100	\$ 789,100
Closing Fund Balance	\$ (334,300)	\$ (310,800)	\$ (449,400)	\$ (612,100)	\$ (789,100)	\$ (915,300)	\$ (789,100)
Total	\$ 242,300	\$ 168,100	\$ 95,700	\$ 189,800	\$ 258,700	\$ 299,500	\$ 352,500
Fee Revenues to the Fund							
- administrative impound fee \$20	\$ 163,200	\$ 144,600	\$ 156,500	\$ 158,300	\$ 163,000	\$ 165,000	\$ 167,000
- motorcycle registration \$0.50 (started in January 2018)	N/A	N/A			\$ 50,000	\$ 48,000	\$ 49,000
- off-highway vehicle registration \$1 (\$0.50 in January 2018, \$1 in January 2019)	N/A	N/A	\$ 77,700	\$ 194,300	\$ 223,000	\$ 212,000	\$ 216,000
Total Fee Revenues to the Fund	\$ 163,200	\$ 144,600	\$ 234,200	\$ 352,600	\$ 436,000	\$ 425,000	\$ 432,000
Revenues Over/(Under) Expenses	\$ (79,100)	\$ (23,500)	\$ 138,500	\$ 162,800	\$ 177,300	\$ 125,500	\$ 79,500
Any plans to use the fund balance?	Health: "With a new provider onboarded, the balance has been obligated in existing contracts."						

TRAUMATIC BRAIN INJURY FUND

Sources of Finance	2016 Actual	2017 Actual	2018 Actual	2019 Actual	2020 Actual	2021 Actual	2022 Est.
General Fund	\$ 200,000	\$ 200,000	\$ 200,000	\$ 200,000	\$ 200,000	\$ 200,000	\$ 200,000
General Fund, One-Time	\$ -	\$ -	\$ -	\$ -	\$ (50,000)	\$ 50,000	\$ -
Dedicated Credits Revenue	\$ -	\$ -	\$ -	\$ 100	\$ -	\$ -	\$ -
Transfers	\$ 52,400	\$ -	\$ 527,700	\$ 200,000	\$ -	\$ -	\$ -
Beginning Fund Balance	\$ 122,400	\$ 162,400	\$ 137,900	\$ 756,700	\$ 733,000	\$ 679,200	\$ 582,200
Closing Fund Balance	\$ (162,200)	\$ (137,900)	\$ (610,200)	\$ (932,900)	\$ (679,200)	\$ (742,800)	\$ (416,000)
Total	\$ 212,600	\$ 224,500	\$ 255,400	\$ 223,900	\$ 203,800	\$ 186,400	\$ 366,200

Any plans to use the fund balance?

Health: "Balance has been budgeted in FY21 and FY22 and approved by [Traumatic Brain Injury] Advisory Committee with an increase in virtual outreach and training and implementation of a RFP for community health workers and independent living centers to train as brain injury specialists."

12 RECOMMENDATIONS FOR HEALTH FOR CONSIDERATION NOW SUPPORTED BY HEALTH

Spinal Cord and Brain Injury Rehabilitation Fund

1. Report by January 1, 2022 on agency plans and timelines to reduce the \$915,300 fund balance in the Spinal Cord and Brain Injury Rehabilitation Fund over the coming years.
2. Open a bill file to (1) redirect the approximately \$50,000 ongoing appropriations from the \$0.50 the motorcycle registration fee from the Spinal Cord and Brain Injury Rehabilitation Fund to the Traumatic Brain Injury Fund. (In 2018 in Utah motorcycle crashes were the second leading cause and caused 13% of traumatic brain injuries.) or (2) combine into one fund the Spinal Cord and Brain Injury Rehabilitation Fund and the Traumatic Brain Injury Fund.
3. Report by August 1, 2022 on the net impact to the program of implementing cost sharing. Include how much would need to be charged and to which clients in order to justify the cost of the cost sharing program. Additionally, explore the costs and revenues of recouping funds from lawsuit settlements.

ELECTRONIC CIGARETTE SUBSTANCE AND NICOTINE PRODUCT TAX RESTRICTED ACCOUNT

<u>FY 2022 Appropriations</u>	<u>No Revenue Growth</u>	<u>Adjusted</u>
local health departments - enforcement	\$2,000,000	\$1,673,300
Health - statewide cessation programs	\$2,000,000	\$1,673,300
Public Safety - law enforcement	\$1,180,000	\$987,200
local health departments - grants	\$3,000,000	\$2,510,000
State Board of Education - positive behavior plans & grade 4/5 prevention program	\$5,084,200	\$4,253,700
Health - drug prevention	\$2,000,000	\$1,673,300
Human Services - Opioid Abuse Prevention Services in Southeast Utah	\$261,800	\$0
Health - COLA Increases	\$59,400	\$0
Total FY 2022 Appropriations	\$15,585,400	\$12,770,800
Revenues Minus Appropriations		(\$2,814,600)
Beginning Fund Balance		\$ 1,863,700
Funding Needed		(\$950,900)

12 RECOMMENDATIONS FOR HEALTH FOR CONSIDERATION NOW SUPPORTED BY HEALTH (CONTINUED)

4. Provide one-time funding of \$950,900 in FY 2022 from the Tobacco Settlement Restricted Account to cover 100% of the projected shortfalls in the Electronic Cigarette Substance and Nicotine Product Tax Restricted Account. (Explanation: The Tobacco Settlement Restricted Account ended FY 2021 with a balance of \$25.3 million and has very similar purposes.)
5. The Legislature intends that the Department of Health and Human Services report in collaboration with the Tax Commission, Public Safety, State Board of Education, and local health departments, to the Social Services Appropriations Subcommittee by October 1, 2022 on projected shortfalls in the Electronic Cigarette Substance and Nicotine Product Tax Restricted Account and potential solutions.

12 RECOMMENDATIONS FOR HEALTH FOR CONSIDERATION NOW SUPPORTED BY HEALTH (CONTINUED)

6. Report by October 1, 2022 on the impacts of Health's interventions to reduce the 7.8% non-compliance rate of retailers selling tobacco products to youth as well as what other state's with lower non-compliance rates are doing that Utah is not.
7. Report by October 1, 2023 in collaboration with local health departments on options to adjust the funding formula for FY 2025 to adjust for areas with higher smoking rates as well as shifting more existing funding sources to address the rates of electronic cigarette use and the pros and cons of that approach.

12 RECOMMENDATIONS FOR HEALTH FOR CONSIDERATION NOW SUPPORTED BY HEALTH (CONTINUED)

8. Report by October 1, 2022 on the cost and likely impact of suggested interventions to reduce the number of sudden unexplained infant deaths.
9. (Qualified Patient Enterprise Fund) The Department proposes "License 1 additional pharmacy, bring the total of licensed pharmacies to 15, by June 30, 2022" in response to the following motion passed at June 2021 meeting: "Propose new annual performance measures for the base budget by October 1, 2021." We recommend accepting this proposed measure.

12 RECOMMENDATIONS FOR HEALTH FOR CONSIDERATION NOW SUPPORTED BY HEALTH (CONTINUED)

Utah Public Health Laboratory

10. Report by June 1, 2022 on the agency's proposed plans for outsourcing vs insourcing at the public health lab certain tests for forensic pathology for the medical examiner and the financial and other ramifications of those plans. (Explanation: the public health lab can do tests for less but currently cannot identify as many substances as private contractor. The Medical Examiner spent \$216,000 and \$277,000 in FY 2020 and FY 2021 respectively for National Medical Services testing.)
11. Report by June 1, 2022 to the Social Services Appropriations Subcommittee on the status of fixing software notifications for alkalinity testing as per an internal audit finding identified in May 2019.

12 RECOMMENDATIONS FOR HEALTH FOR CONSIDERATION NOW SUPPORTED BY HEALTH (CONTINUED)

Utah Public Health Laboratory (continued)

12. The Legislature directs the Utah Department of Environmental Quality and the Utah Department of Health (the Departments) to develop a comprehensive plan for 1) the most cost-effective mechanisms to procure high volume environmental chemistry analyses with emphasis on the state's ambient water quality monitoring needs, 2) a structure for development of new laboratory methods that are not commercially available but would benefit the public interest, 3) an optimal governance structure to oversee state environmental testing resources, and 4) Health's plan to internally fund future equipment purchases and report on their plans by October 1, 2022.

TWO RECOMMENDATIONS FOR HEALTH FOR CONSIDERATION NOW WHERE HEALTH IS NEUTRAL

13. The Department of Health should consider applying for funds for equipment replacement where potentially eligible such as "activities calculated to enhance future law enforcement investigations" from the Criminal Forfeiture Restricted Account, fund 1400, which spent \$1.3 million in FY 2020.
14. Open a bill file to allow the Department of Health to compete for equipment money from the Department of Public Safety Restricted Account fund 2865, which already participates in "granting money...to law enforcement agencies for: (a) providing equipment, including drug and alcohol testing equipment;" and spent at least \$737,500 in FY 2021 on this purpose.

TWO RECOMMENDATIONS FOR HEALTH FOR CONSIDERATION NOW OPPOSED BY AFFECTED AGENCIES

15. Open a bill file to allow using \$200,000 from the \$3,769,400 ongoing General Fund from the revenue from criminal surcharges (including traffic violations) to the Crime Victim Reparations Fund #2315 and use it to replace the current \$200,000 ongoing General Fund appropriation for the Traumatic Brain Injury Fund. (Explanation: The fund balance in the Crime Victim Reparations Fund has grown annually every year from \$2.4 million in FY 2014 to \$7.0 million in FY 2020. Using surcharges on traffic violations or vehicle licenses/fees is a strategy used by 21 of 24 states with a traumatic brain injury fund as of 2014.) or open a bill file to shift some of the base fines generated from citations written by Utah Highway Patrol officers currently going to local governments to the State General Fund because State employees are doing some of the work.

TWO RECOMMENDATIONS FOR HEALTH FOR CONSIDERATION NOW OPPOSED BY AFFECTED AGENCIES (CONTINUED)

Healthcare Associated Infection State Program

16. Open a bill file to delete UCA 26-6-31 and end \$131,600 ongoing General Fund and \$6,900 federal funds for this program beginning July 1, 2022.

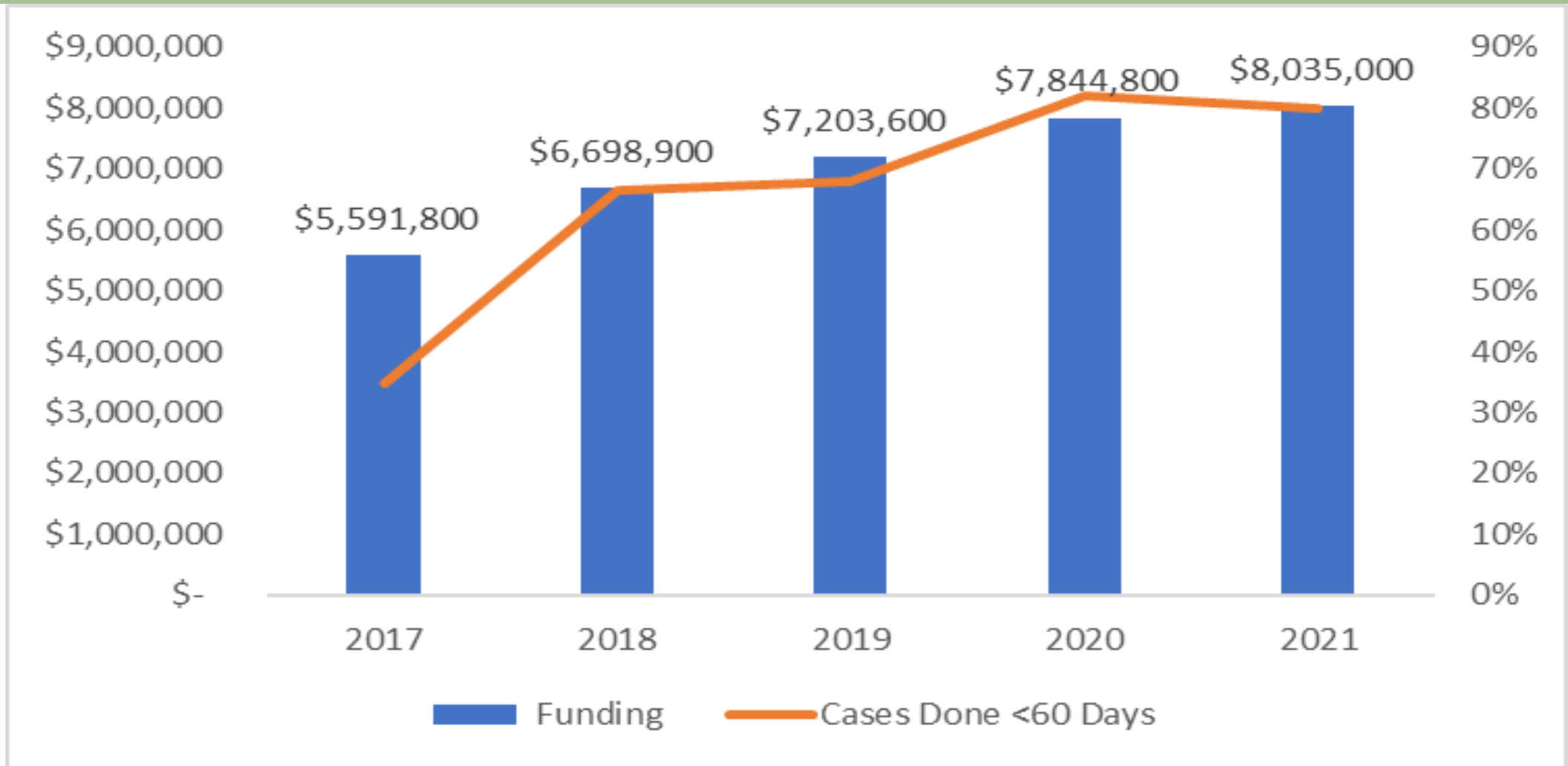
(Explanation: This funding level matches the original fiscal note for the bill that began this program, see

<https://le.utah.gov/~2012/bills/static/HB0055.html>)

MEDICAL EXAMINER INTRODUCTION

Manner of Death (all cases)	FY16	FY17	FY18	FY19	FY20	FY21*
Natural	776	903	900	971	1,354	3,593
Accident	1,242	1,208	1,305	1,337	1,440	1,673
Suicide	660	641	665	646	655	638
Homicide	74	83	95	96	93	98
Not Determined	266	215	147	123	117	110
Pending	-	-	2	2	48	261
Blank	-	-	3	-	-	3
TOTAL CASES	3,018	3,050	3,117	3,175	3,707	6,376
Suicide, Homicide, Not Determined	33%	31%	29%	27%	23%	13%
Other Causes	67%	69%	71%	73%	77%	87%

HAS RECENT ADDITIONAL FUNDING FOR MEDICAL EXAMINER MADE A DIFFERENCE?



IS THERE STILL A PROBLEM TO FIX AT THE MEDICAL EXAMINER'S?

Caseload (Non-COVID)	FY16	FY17	FY18	FY19	FY20	FY21 (est.)	FY22 (est.)	FY23 (est.)
NAME Autopsy Equivalents Stagnant	2,235	2,169	2,216	2,215	2,342	2,576	2,576	2,576
NAME Autopsy Equivalents Growth	2,235	2,169	2,216	2,215	2,342	2,576	2,723	2,878
Total Forensic Pathology FTEs (includes temps)	5.5	7.4	9.6	9.7	7.3	9.2	9.2	9.2
Autopsy Equivalents Stagnant/FTE	406	293	231	228	321	280	280	280
Autopsy Equivalents Growth/FTE	406	293	231	228	321	280	296	313

COSTS TO BRING CASELOADS BACK UNDER 250 RECOMMENDED LEVELS

1. Would need 1.1 forensic pathologist FTEs and support staff to bring the caseload under 250 recommended levels based on no growth scenario
2. Would need 2.3 forensic pathologist FTEs and support staff to bring the caseload under 250 recommended levels based on Health's projection at a cost of \$1.3 million ongoing General Fund
3. Since FY 2015 10 months to hire new pathologists

MEDICAL EXAMINER FUNDING

1. What might be the range of base funding needed?

1. Low: \$80,000

2. High: \$4,580,000

WHERE DOES THE LOW RANGE OF FUNDING COME FROM?

Fiscal Year	Deficit
2015	\$ (8,800)
2016	\$ (163,900)
2017	\$ -
2018	\$ (429,300)
2019	\$ -
2020	\$ (156,100)
2021	\$ 216,200
Average	\$ (80,000)

MEDICAL EXAMINER FUNDING SUGGESTIONS - OUTSIDERS

1. Scientific Working Group on Medicolegal Death Investigation (SWGMDI)
 1. “The purpose of SWGMDI is to advance the scientific basis and quality of medicolegal death investigation.”

SCIENTIFIC WORKING GROUP ON MEDICOLEGAL DEATH INVESTIGATION (HIGH)

WHERE DOES THE HIGH
RANGE OF FUNDING
COME FROM? (SLIDE
CREATED BY HEALTH)

Comparison of OME to Guidelines	OME	SWGMDI
# of forensic pathologists	10	19.8
# of investigators	9	29.7
# of autopsy assistants	11	23.1
# of histotechnologists	0	3.3
# of security/attendant personnel	7	19.8
# of administrative/clerical staff	7	36.3
Total number of employees	51	125.4
Annual budget	\$8,035,000	\$12,375,000
Personnel costs	73%	80%
Operational costs	27%	20%
# of expected autopsies	3,000	3,300
Facility space	19,000	64,350
Autopsy room space	2,500	8,910
Body storage capacity	80	138.6
# of autopsy stations	7	16.5

MEDICAL EXAMINER FUNDING SUGGESTIONS - OUTSIDERS

1. Audit in October 2015 –

1. Report by the National Association of Medical Examiners Standards, Inspection and Accreditation Committee
Assessment: Office of the Medical Examiner, State of Utah
 1. “The Utah Department of Health contracted with the National Association of Medical Examiners to provide an assessment of the Office of the Medical Examiner, with particular attention to its budgetary needs.”
 2. “Typically these are done by a team of three inspectors who have significant experience in administering medicolegal death investigation programs.”
2. Provided Six Funding Recommendations
3. Three or 50% Remain Unimplemented

IS THE TRUTH SOMEWHERE IN THE MIDDLE?

1. Cost of all unimplemented NAME Audit recommendations \$1,675,000 ongoing
 1. \$1,125,000 full-time investigators (shift from contractors)
 2. \$400,000 “Additional autopsy assistants will be needed to handle the greater caseload demands in the morgue.”
 3. \$150,000 “full-time administrator or operations director”
2. When combined with \$1.3 million for new pathologists for caseload growth, total would be \$3.0 million

MEDICAL EXAMINER FUNDING OPTIONS

	2018	2019	2020
highway deaths	237	225	256
Utah vehicles registered	2,757,723	2,879,807	2,977,031
Medical Examiner Cases	3,117	3,175	3,712
Office of the Medical Examiner Direct Funding	\$6,698,900	\$7,203,600	\$7,844,800
Indirect Cost % from FY 2021	12.2%	12.2%	12.2%
Indirect Costs (Agencywide Share of Costs)	\$ 817,000	\$ 879,000	\$ 957,000
Total Office of the Medical Examiner Funding	\$7,515,900	\$8,082,600	\$8,801,800
Cost per Medical Examiner Case	\$ 2,411	\$ 2,546	\$ 2,371
All Highway Death Costs	\$ 570,000	\$ 570,000	\$ 610,000
Extra Charge to Registration to Cover Costs	\$ 0.21	\$ 0.20	\$ 0.20
% of Total Costs for Highway Deaths	9%	8%	8%
FY 2021 Driver License Fee Funding	\$ 324,000	\$ 324,000	\$ 324,000
Highway death costs above revenue	\$ 246,000	\$ 246,000	\$ 286,000

MEDICAL EXAMINER FUNDING OPTIONS

1. Appropriate \$286,000 ongoing and \$143,000 one-time in FY 2022 from the Department of Public Safety Restricted Account to the Office of the Medical Examiner to cover all the highway death investigation costs by from this account.
2. Open a bill file to shift some of the base fines generated from citations written by Utah Highway Patrol officers currently going to local governments to the State General Fund because State employees are doing some of the work.
3. Approve a \$13.80 fee increase in \$150 cremation fee based on 9.2% inflation from FY 2021 through FY 2023 and an increase of \$160,000 in dedicated credits to reflect the projected increase in revenue.

HOW TO SAVE FOR LARGE PURCHASES LIKE EQUIPMENT?

1. You have a fee-funded program and want to save \$200,000 each year for three years to purchase a \$600,000 piece of equipment. What do you do?
 1. Build up a nonlapsing balance that grows every year (request intent language)
 2. Create a restricted account (bill)
 3. Create an expendable special revenue fund (bill)

BASE BUDGET PERFORMANCE MEASURE CHANGES

1. Twenty recommended changes to performance measures for this budget area (coming this afternoon)
 1. Fifty-seven proposed changes agencywide

THIRSTY FOR MORE?

- “You guys give up? Or are you thirsty for more?” – Kevin in the movie Home Alone
- 341 more pages available in Research Materials for the October 2021 Accountable Base Budget Review of the Department of Health

HEALTH PRESENTATION ON PASS THROUGH FUNDING

- Health presentation: How much is spent on administration to oversee contracts? Why? Should we standardize?

Other items requested from all agencies:

- How is funding distributed? Formulas, applications, committees, etc. Are there better ways based on the objective of the funding?
- How do we know if the Legislature's goals are being met, particularly with large recent appropriations? How are data reported? Are the goals being met?
- Is state-level oversight sufficient achieve legislative objectives? Are statutory or rule changes needed?

HEALTH PRESENTATION ON TOBACCO FUNDING

- Report by October 1, 2021 in collaboration with local health departments on options to adjust the funding formula for FY 2023 to adjust for areas with higher smoking rates as well as shifting more existing funding sources to address the rates of electronic cigarette use and the pros and cons of that approach.
 - Local health departments asked for more time
- Show funding given vs smoking rates by local health departments
- What is the current funding formula?

HUMAN SERVICES

October 2021 Follow-Up



RECOMMENDATIONS FOR FURTHER STUDY

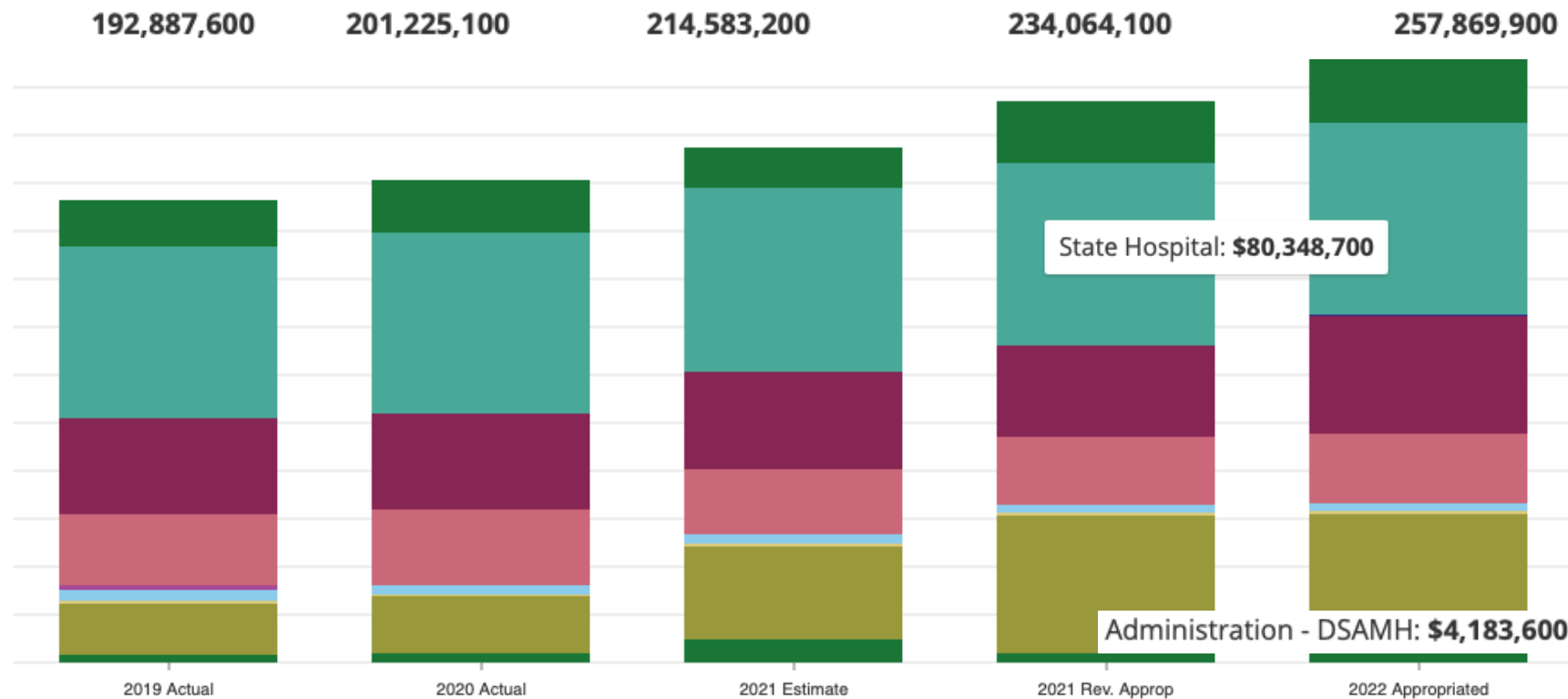
#1B. REVIEW PASSTHROUGH FUNDING METHODOLOGIES AND EFFECTIVENESS

- How much is spent on administration to oversee contracts? Why? Should we standardize?
- How is funding distributed? Formulas, applications, committees, etc. Are there better ways based on the objective of the funding?
- How do we know if the Legislature's goals are being met, particularly with large recent appropriations? How are data reported? Are the goals being met?
- Is state-level oversight sufficient achieve legislative objectives? Are statutory or rule changes needed?

- *DHS Response: Support. We support this recommendation and believe that many of these questions will be answered and addressed through the DHS/DOH consolidation efforts.*

SUBSTANCE ABUSE AND MENTAL HEALTH PROGRAMS

Appropriation History by Program



<https://cobi.utah.gov/2021/228/financials>

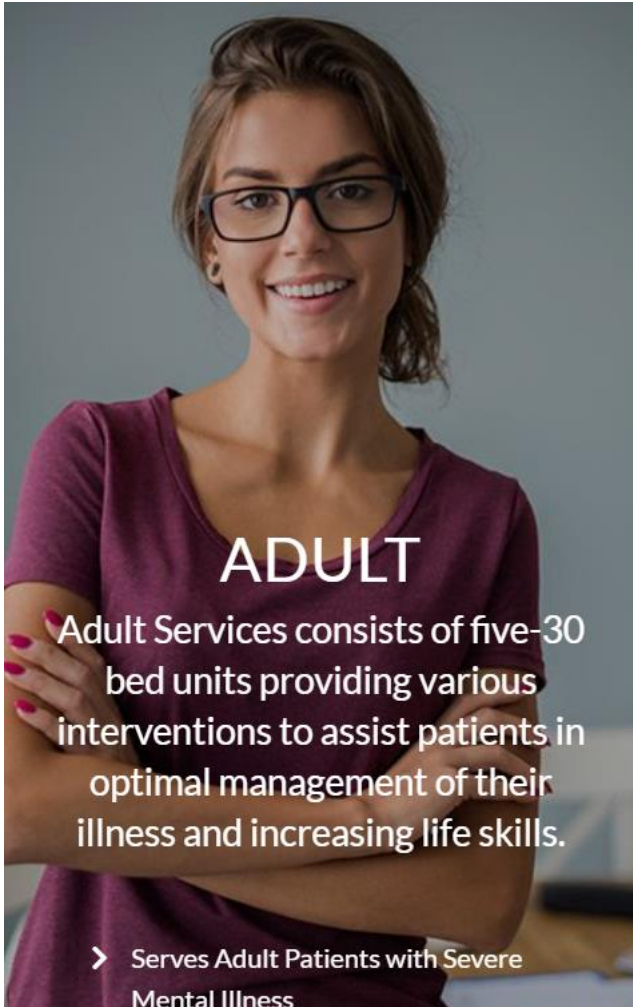
SUBSTANCE ABUSE AND MENTAL HEALTH LOCAL ORGANIZATION



- 13 Local Authorities across Utah's 29 counties
- Single county or multi-county interlocal agreement
- Locals deliver or contract for all services, with oversight from DSAMH

SUBSTANCE ABUSE AND MENTAL HEALTH

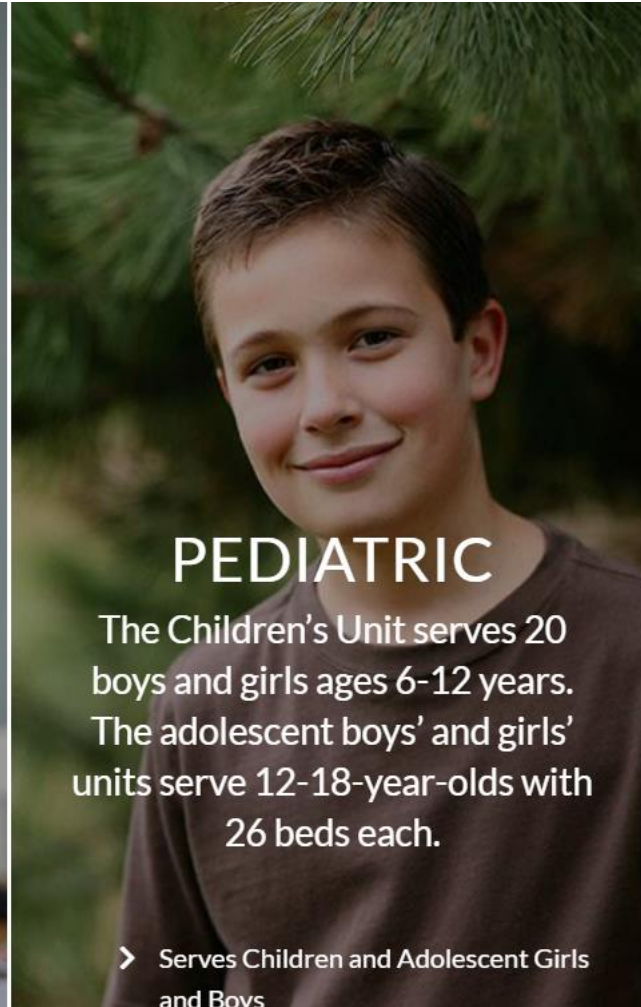
UTAH STATE HOSPITAL



ADULT

Adult Services consists of five-30 bed units providing various interventions to assist patients in optimal management of their illness and increasing life skills.

- Serves Adult Patients with Severe Mental Illness



PEDIATRIC

The Children's Unit serves 20 boys and girls ages 6-12 years. The adolescent boys' and girls' units serve 12-18-year-olds with 26 beds each.

- Serves Children and Adolescent Girls and Boys

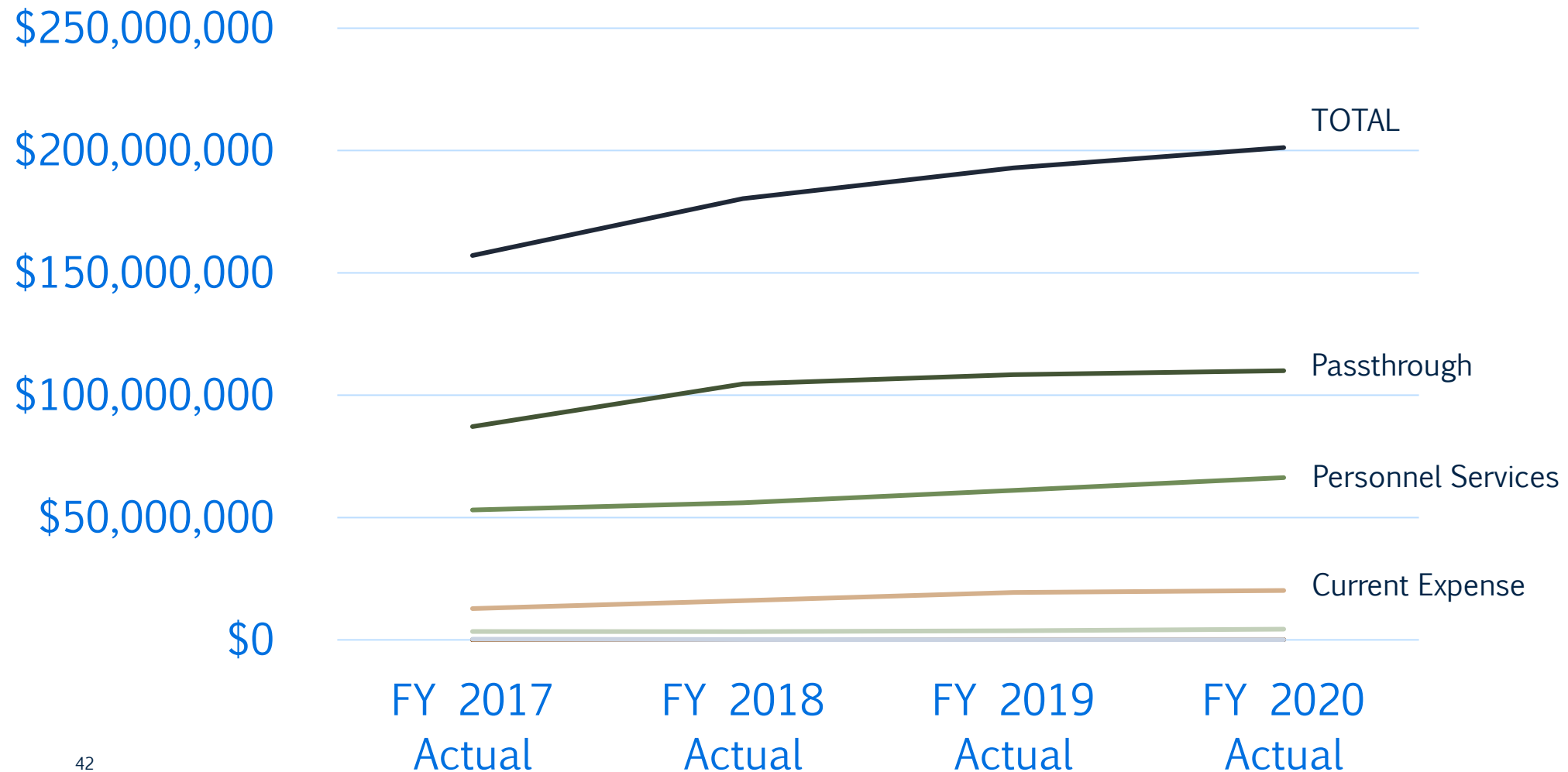


FORENSIC

The forensic services, housed in a secure building, serves 100 court-ordered individuals on four different units.

- Competency Restoration Services
- Mental Health Treatment for Individuals with various legal statuses

SUBSTANCE ABUSE AND MENTAL HEALTH EXPENDITURES BY CATEGORY



SUBSTANCE ABUSE AND MENTAL HEALTH FULL-TIME EQUIVALENTS



SUBSTANCE ABUSE AND MENTAL HEALTH

MAJOR NEW ONGOING APPROPRIATIONS, GENERAL FUND

- 2021 General Session
 - \$881,000 - USH Forensic Unit Salaries
 - \$17.8 million - SB 155, 988 Crisis Line
 - \$350,000 - HB 336, Suicide Prevention
 - \$1.5 million - HB 337, Child Mental Health
 - \$1.4 million - SB 161, Mental Health Inflation
 - \$4.9 million - USH Forensic Unit
- 2020 General Session
 - \$10.5 million - HB 32, Mental Health Crisis Services
 - \$1.3 million - Operation Rio Grande
- 2019 General Session
 - \$1 million - Family Treatment Programs
 - \$600,000 - HB 393, Suicide Prevention
- 2018 General Session
 - \$4.6 million - USH Forensic Unit
 - \$2.6 million - HB 370, Mobile Crisis Outreach Teams
 - \$2.4 million - HB 41, Crisis Line Services
 - \$600,000 - USH Psych Tech Salaries

RECOMMENDATIONS FOR FURTHER STUDY

#15. CONSIDER CONSOLIDATION OF CRISIS SERVICES APPROPRIATIONS

—Appropriations are spread between DSAMH, the University of Utah, schools, and other entities. Should state funding for mental health crisis services be organized differently?

- *DHS Response: Support. Crisis response is closely tied to behavioral health care financing. We would recommend combining #13 with #14 and we support and recommend prioritizing this recommendation.*

RECOMMENDATIONS FOR FURTHER STUDY

CONSIDER CONSOLIDATION OF CRISIS SERVICES APPROPRIATIONS

- We solicited and received feedback from a number of sources/agencies that participate and collaborate in this work, these included:
 - DSAMH;
 - Utah Attorney General;
 - Behavioral Health Crisis Response Commission; and
 - The University of Utah.
- Sources of funding for crisis services and SafeUT are spread throughout a number of state agencies, more detail can be found on the following slides.

RECOMMENDATIONS FOR FURTHER STUDY

CONSIDER CONSOLIDATION OF CRISIS SERVICES APPROPRIATIONS

APPROPRIATIONS (DSAMH)

Funded Entity	Implementing Entity	Item Name	Description	Ongoing General Fund Amount	FY First Funded (if known)	
Ongoing Appropriations to DSAMH						
DSAMH		12' Session, \$1,500,000; 15' Session, \$3,200,000	Mental Health Early Intervention Services are divided between 3 different services: Family Peer Support, School-Based Behavioral Health, and Youth Mobile Crisis services. The funding is divided based on local needs with only 3 currently areas using mobile crisis services with this funding, Salt Lake County, Utah County, and the Southwest catchment area.	\$868,000		ongoing
DSAMH		18' Session, HB0003, Item 207, \$2,380,000 - BGCLINE1	HMHI/UNI	\$2,380,000	FY19	ongoing
DSAMH		18' Session, HB0003, Item 208, (HB0370) \$2,501,900 (SEE MOT Tab, Finance Formula Handout), BGSPMEX2	Used with MCOT (MOT) Services.	\$2,501,900	FY19	ongoing
DSAMH		20' Session, HB0032, Item 1 - \$2,400,000 - (62A-15-116 Grants) BGMCOTM1	Used with MCOT (MOT) Services	\$2,400,000	FY21	ongoing
DSAMH		20' Session, HB0032, Item 2 - \$25,000 - (MCOT Vehicle Maint. & Replacement) BGMCOTV1	Used with MCOT (MOT) Services	\$25,000	FY21	ongoing
DSAMH		20' Session, HB0032, Item 3 - \$8,035,000 - (62A-15-118 Grants & MH Crisis Line & Statewide Warm Line) BGCGWRM1	Used with Receiving Centers (RC)	\$8,035,000	FY21	ongoing
DSAMH		21' Session, SB0003, Item 234, \$6,947,200 , This becomes \$15,903,100 in FY23 and after. Restricted S.G.F., BGRCRSP2	988 Restricted Account	\$6,947,200	FY22	ongoing
DSAMH		21' Session, SB0155, Item 9, \$1,851,800 , 988 MENTAL HEALTH CRISIS ASSISTANCE, BGCGWRM2	HMHI/UNI	\$1,851,800	FY22	ongoing

RECOMMENDATIONS FOR FURTHER STUDY

CONSIDER CONSOLIDATION OF CRISIS SERVICES APPROPRIATIONS

APPROPRIATIONS (UNIVERSITY OF UTAH/DHS)

Funded Entity	Implementing Entity	Item Name	Description	Ongoing General Fund Amount	FY First Funded (if known)			
Ongoing Appropriations to Other Entities								
U of U			Safe UT	\$2,895,000	ongoing			
DHS		DHS Funding - DJJS Transfer - Children Only - State General Fund - BDHSXFR2 - Comes from SOC Dept. Level	SMR Funding	\$1,585,031	FY22 Amount flowing through Allocation Letters			
DHS		21' Session, HB0337	SMR	\$1,000,000	FY 22			

RECOMMENDATIONS FOR FURTHER STUDY

#15. CONSIDER CONSOLIDATION OF CRISIS SERVICES APPROPRIATIONS

2019 LEGISLATIVE AUDIT AND LEGISLATIVE BUDGET RESPONSE

- In 2019, the Legislative Auditor General released a performance audit of the Audit of the University Neuropsychiatric Institute and Crisis Services.

https://le.utah.gov/audit/19_02rpt.pdf

- The audit identified a number of financial and operational suggestions for the University of Utah, specifically the University of Utah Neuropsychiatric Institute (UNI)

RECOMMENDATIONS FOR FURTHER STUDY

#15. CONSIDER CONSOLIDATION OF CRISIS SERVICES APPROPRIATIONS

2019 LEGISLATIVE AUDIT AND LEGISLATIVE BUDGET RESPONSE (CONT'D)

—In response to the audit and concerns about the different appropriations and streams of funding supporting crisis services and the SafeUT program at the University, the Legislature took the following actions:

- Consolidated all funding appropriated directly to the University of Utah for the SafeUT program into its own line item; and
- Developed performance measures for the new line item, separate from other University functions.

RECOMMENDATIONS FOR FURTHER STUDY

#15. CONSIDER CONSOLIDATION OF CRISIS SERVICES APPROPRIATIONS

AGENCY RECOMMENDATIONS: (DSAMH)

Specific Recommendations:

1. Reorganize all appropriations (to all entities) to flow through one entity for consistency in accountability, reporting requirements, standard of care, outcomes and to avoid duplication of services;
2. Make this one entity the Division of Substance Abuse and Mental Health;
 - This needs to be done carefully and thoughtfully to ensure no harm is done to existing resources.
3. In addition, the crisis and sub-acute system need to understand their connection to the prevention and early intervention system on the front end and the stabilization, treatment and recovery support system after acute crisis care.

RECOMMENDATIONS FOR FURTHER STUDY

#15. CONSIDER CONSOLIDATION OF CRISIS SERVICES APPROPRIATIONS

AGENCY RECOMMENDATIONS: (DSAMH) CONT'D

Specific Recommendations (cont'd):

4. If appropriations are not reorganized, we recommend that identified appropriations have coordinating clauses requiring collaboration with the Crisis Response Commission and the Division of Substance Abuse and Mental Health/Department of Human Services.

RECOMMENDATIONS FOR FURTHER STUDY

#15. CONSIDER CONSOLIDATION OF CRISIS SERVICES APPROPRIATIONS

AGENCY
RECOMMENDATIONS:
(AGO)

Specific Recommendations:

1. Consolidating funding within the Department should not impact the programming, but changes to the oversight structure of crisis services and SafeUT could harm the program's effectiveness.

RECOMMENDATIONS FOR FURTHER STUDY

#15. CONSIDER CONSOLIDATION OF CRISIS SERVICES APPROPRIATIONS

AGENCY RECOMMENDATIONS: (UoFU)

Specific Recommendations:

1. Do not make any changes to current budget and administrative structures.

RECOMMENDATIONS FOR FURTHER STUDY

#15. CONSIDER CONSOLIDATION OF CRISIS SERVICES APPROPRIATIONS

STAFF RECOMMENDATION

Staff Recommendations:

—DHHS Appropriation Consolidation:

- We recommend that all future funding for crisis services programming be appropriated to DHHS, and they contract out with other entities as needed to provide services.

RECOMMENDATIONS FOR FURTHER STUDY

#16. REVIEW BUDGET PRESSURES FROM BEHAVIORALLY COMPLEX YOUTH AND ADULTS

- A small number of individuals in DHS care, particularly at the Utah State Hospital, have complex needs that are highly resource-intensive, such as requiring 3:1 staffing 24 hours per day. Once in care, DHS has limited options for finding another placement and for managing the cost.
- What are other options for placements? How could the barriers to these placements be addressed?
- How could the budget uncertainty be mitigated?
- How can the needs of these individuals be addressed at an earlier, less acute stage?
 - *DHS Response: Support. USH supports and recommends prioritizing this recommendation. We believe it involves many other state and local partners. This is a critical issue for the state and needs to be addressed.*

RECOMMENDATIONS FOR FURTHER STUDY

#16. REVIEW BUDGET PRESSURES FROM BEHAVIORALLY COMPLEX YOUTH AND ADULTS

EXAMPLE OF COSTS

Accountable Budgets - 2021 Interim									
Study item: Budget issues with behaviorally complex clients at the Utah State Hospital									
Patient ID	Total Cost - FY 2017	Total Cost - FY 2018	Total Cost - FY 2019	Total Cost - FY 2020	Total Cost - FY 2021	Average Annual Total Cost	Average Annual GF Cost (Estimated)	Current Staffing Ratio	Length of Time Admitted (Days)
<i>Deidentified Individual Patient Data</i>									
Patient 1				512,894.00	831,519.00	672,305.00	201,692.00	3:1	590
Patient 2	207,461.00	180,886.00	381,193.00	498,225.00	526,330.00	473,113.00	141,934.00	2:1	909
<i>Utah State Hospital Per-Patient Average</i>									
Pediatrics	277,035.00	297,110.00	328,865.00	352,225.00	380,330.00	327,113.00	98,134.00		266
Legend:									
Partial Stays									
Full Stays									

RECOMMENDATIONS FOR FURTHER STUDY

#16. REVIEW BUDGET PRESSURES FROM BEHAVIORALLY COMPLEX YOUTH AND ADULTS

BACKGROUND

- DHS is directly responsible for the care of individuals in custody through DCFS, DJJS, DSAMH, DSPD, Public Guardian, and indirectly through USH beds managed by DHS with relationships to County Local Mental Health Authorities;
- These individuals require services that address highly acute clinical and safety challenges.

RECOMMENDATIONS FOR FURTHER STUDY

#16. REVIEW BUDGET PRESSURES FROM BEHAVIORALLY COMPLEX YOUTH AND ADULTS

BACKGROUND (CONT'D)

- There is an extremely high cost to manage these individuals and keep everyone safe. The cost varies depending on the needs of each youth ranging from \$1,500 per day to the highest cost of approximately \$2,500 per day.
- A 5-year trend in DHS (FY16-FY20) shows 77 of these high-intensity youth in the custody of DHS.

RECOMMENDATIONS FOR FURTHER STUDY

#16. REVIEW BUDGET PRESSURES FROM BEHAVIORALLY COMPLEX YOUTH AND ADULTS

BACKGROUND (CONT'D)

- These clients represent 0.6% of all youth in paid custody services.
 - The average cost of a high impact youth is \$269,431 annually vs. an average cost of a youth in custody of \$23,983 (outpatient).
 - The 77 youth in custody during this timeframe cost \$20,746,188 vs. the total cost for 12,329 youth in custody of \$295,688,036.
 - These individuals made up 7% of total costs making them 11 times more expensive.

RECOMMENDATIONS FOR FURTHER STUDY

#16. REVIEW BUDGET PRESSURES FROM BEHAVIORALLY COMPLEX YOUTH AND ADULTS

BACKGROUND (CONT'D)

- Three of these 77 individuals were treated in out-of-state services at a cost of \$74,790 per person (total \$224,370).
 - In comparison, a placement within an inpatient setting such as USH drives the cost is considerably higher at approximately \$750,000 annually.
 - Increased staffing ratios at USH have created additional financial costs for behaviorally complex individuals. A majority of these individuals who were admitted into the USH system have been from other custodial agencies with agreements to share costs. (such as DCFS, JJS, DSPD).

RECOMMENDATIONS FOR FURTHER STUDY

#16. REVIEW BUDGET PRESSURES FROM BEHAVIORALLY COMPLEX YOUTH AND ADULTS

OPTIONS

- These youth could transition to a less costly outpatient option if the unique safety components of care were built into a transitional placement.
 - Without these services, high-cost inpatient care is the only option.

RECOMMENDATIONS FOR FURTHER STUDY

#16. REVIEW BUDGET PRESSURES FROM BEHAVIORALLY COMPLEX YOUTH AND ADULTS

OPTIONS (CONT'D)

- Comprehensive coordination needs to take place between DHS and the private sector to develop programs that meet the needs of this subset of the youth in custody population.
- Most often these behaviorally complex issues arise from comorbid conditions including antisocial and other personality disorders, neurocognitive and organic brain conditions from ID/DD, brain injury and other medical conditions, dementia and related conditions.
- With this variety, options for placements exist in some circumstances, others do not, and patients remain at the USH for prolonged periods.

RECOMMENDATIONS FOR FURTHER STUDY

#16. REVIEW BUDGET PRESSURES FROM BEHAVIORALLY COMPLEX YOUTH AND ADULTS

OPTIONS (CONT'D)

- Comprehensive coordination needs to take place between DHS and the private sector to develop programs that meet the needs of this subset of the youth in custody population.
- New facilities will need to be built or remodeled to ensure the programs can meet the critical life safety needs of this population.
- Partnerships with the private sector must have 'no refusal clauses' in contract to ensure the integrity of the system.

RECOMMENDATIONS FOR FURTHER STUDY

#16. REVIEW BUDGET PRESSURES FROM BEHAVIORALLY COMPLEX YOUTH AND ADULTS

STAFF RECOMMENDATION (#16)

- Direct DHS and staff to report back to the Subcommittee during the 2022 General Session on options for implementing no-refusal clauses and other contracting improvements that would facilitate serving behaviorally complex individuals at more appropriate and less expensive contracted private providers, rather than at the Utah State Hospital.

RECOMMENDATIONS FOR FURTHER STUDY

#17. REVIEW CHANGING PATIENT MIX AND BED AVAILABILITY AT THE UTAH STATE HOSPITAL

- With the legal requirements to serve forensic patients more quickly, and process changes to move unrestorable forensic patients to the civil side of USH, fewer civil beds are available for locals to send their patients to.
- To what extent will this issue be addressed by the new appropriation for an additional wing, which will be fully funded in FY 2023?
- What are the budget implications for locals who cannot refer individuals to USH? Where do these individuals go?
- What are the implications for the treatment effectiveness and budget of USH?
 - *DHS Response: Support. USH supports and recommends prioritizing this recommendation. This has been a primary concern impacting access to services for the seriously mentally ill and would address significant gaps in services.*

RECOMMENDATIONS FOR FURTHER STUDY

#17. REVIEW CHANGING PATIENT MIX AND BED AVAILABILITY AT THE UTAH STATE HOSPITAL

BACKGROUND

- The beds available at the State Hospital break down as follows:
 - 152 civil adult beds
 - 72 civil juvenile beds
 - 124 forensic beds
 - There are also 22 jail-based competency restoration beds at the Salt Lake County Metro Jail.
- An additional 30 beds will come fully online with the passage and funding of H.B. 35, “Mental Health Treatment Access Amendments” which provided \$4,885,500 ongoing and (\$3,250,000) one-time.

RECOMMENDATIONS FOR FURTHER STUDY

#17. REVIEW CHANGING PATIENT MIX AND BED AVAILABILITY AT THE UTAH STATE HOSPITAL

BACKGROUND (CONT'D)

- These additional beds should meet forensic bed capacity needs for three to four years.
 - Depending on how long the pandemic impacts referrals. If court orders continue to increase each year, the projections indicate additional resources will be needed in approximately five years.
- Part of this calculation is the assumption that not all forensic beds will be 100% utilized by forensic referrals during the next three to four years, therefore, there will be empty forensic beds.
 - These temporarily unutilized forensic beds can be utilized for non-forensic patients during this time period. Civil (non-forensic beds) at USH are utilized at almost 100% on a daily basis.

RECOMMENDATIONS FOR FURTHER STUDY

#17. REVIEW CHANGING PATIENT MIX AND BED AVAILABILITY AT THE UTAH STATE HOSPITAL

BACKGROUND (CONT'D)

—Issues caused by bed capacity issues:

- Local Mental Health Authorities who cannot refer to USH due to bed capacity issues often have to cover the cost of an acute inpatient stay at about twice the cost of what it is for USH.
- When there is too much pressure on acute inpatient beds, patients may be discharged with high needs that end up in other high-cost programs or elsewhere without treatment.

RECOMMENDATIONS FOR FURTHER STUDY

#17. REVIEW CHANGING PATIENT MIX AND BED AVAILABILITY AT THE UTAH STATE HOSPITAL

BACKGROUND (CONT'D)

—Potential Step-Down Facility:

- The Division was working on plans for a 30-bed step down facility that would be staffed at lower levels with less intense medical care on site.
- It would have supported long-term seriously mentally ill individuals who require a locked facility and inpatient care, but with less staffing and medical needs.
- This would have allowed more individuals to rotate through USH as it is designed for acute intermediate care.
- This plan is on hold as the Department reviews all funding and programmatic proposals.

END OF HUMAN SERVICES SLIDES



AFFORDABLE HOUSING BACKGROUND AND POLICY OPTIONS

October 2021 Analysis



DEFINITIONS

- A. Affordable Housing: any housing unit whose gross monthly cost (including utilities) is no more than 30% of a household's gross monthly income
- B. Area Median Income: the midpoint of a region's income distribution, where half of households in a region earn more than the median and half earn less than the median

LOW-INCOME HOUSEHOLDS

- Low-income
 - 50-80% AMI
- Very low income
 - 30-50% AMI
- Extremely low income
 - \leq 30% AMI

AMI PER COUNTY FOR 1 PERSON

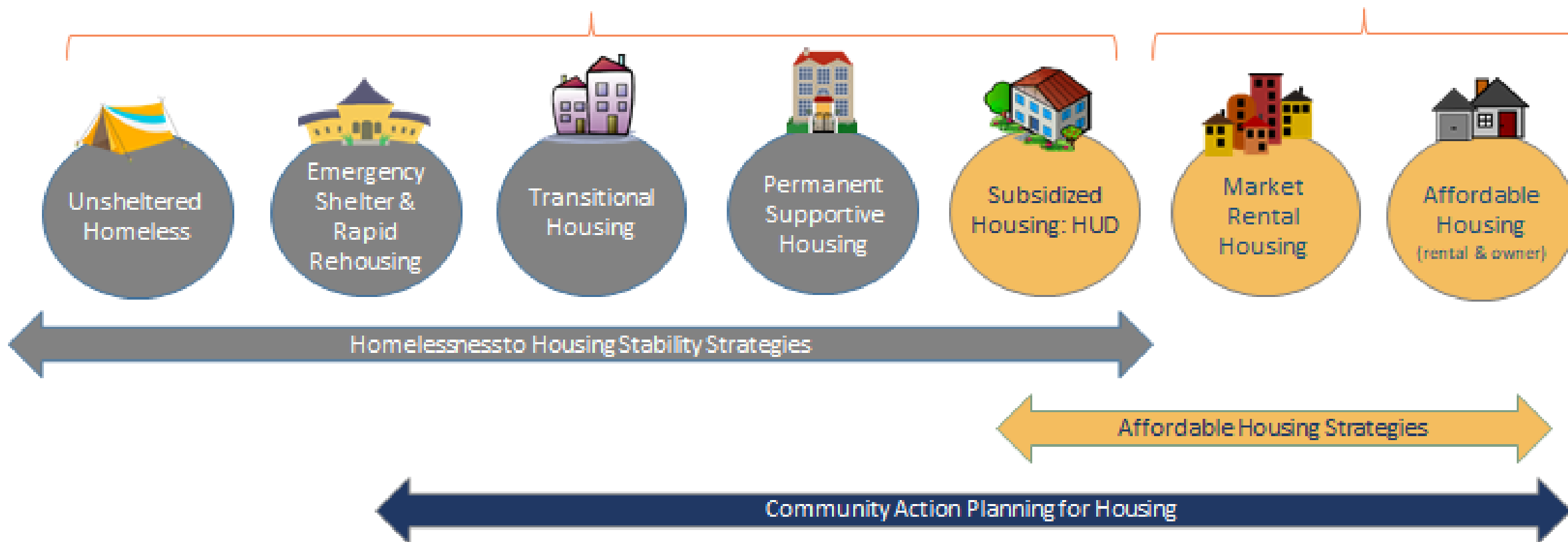
COUNTY	AMI	80% AMI LOW INCOME (LI)	50% AMI VERY-LOW INCOME (VLI)	30% AMI EXTREMELY-LOW INCOME (ELI)
Cache County	\$69,800	\$41,550	\$25,950	\$15,600
Davis County	\$90,900	\$50,750	\$31,750	\$19,050
Salt Lake County	\$90,900	\$51,650	\$32,300	\$19,400
Summit County	\$120,800	\$55,950	\$41,850	\$25,100
Utah County	\$83,700	\$46,900	\$29,300	\$17,600
Wasatch County	\$95,400	\$51,950	\$32,500	\$19,500
Weber County	\$90,900	\$50,750	\$31,750	\$19,050
UTAH STATE	\$85,300	\$47,750	\$29,850	\$17,910



Weber Prosperity Center of Excellence Housing Continuum

Weber-Morgan Local Homeless Coordinating Council

WACOG Affordable Housing Panel



FY 2021 HOUSING PROGRAMS AND FUNDING SOURCES: DEPARTMENT OF WORKFORCE SERVICES

FY21 Housing Programs and Funding Sources		
Programs	Description	Funding Sources
Multifamily, including bond projects	The Multifamily program provides financial assistance for the acquisition, construction, or rehabilitation of affordable rental housing, of five or more units, at or below 50% AMI throughout Utah.	HOME, HTF, LIH State, PAB Gap Financing
Single Family Rehabilitation and Reconstruction Program	The program offers financial assistance to low-income homeowners in rural Utah, at or below 80% AMI, whose homes are in need of rehabilitation, to keep their homes decent, safe, and sanitary, or replacement.	State LIH
Self-Help	The Rural Self-Help Program provides financial assistance to public agencies for developments of single-family subdivisions and infill projects designed to provide housing to low-income individuals and families, at or below 80% AMI, in rural Utah.	HOME
HomeChoice	The Home Choice program is designed to provide financial assistance to purchase a home, for low-income persons with disabilities throughout Utah.	State LIH
Individual Development Accounts	The Utah Individual Development Account Network, a multi-faceted financial education and matched savings program, was launched in October 2004 as a strategy to end poverty. Low income working Utahns with earned income below 80% AMI and 200% Federal Poverty Level and less than \$10,000 in net assets excluding one car and one home receive \$2 for every \$1 (starting Jan 1, 2021) saved toward the purchase of one of 4 productive assets designed to increase their net worth. The approved assets include: first home, small business, post-secondary education including vocational training, and assistive technologies for work-related activities.	State General Funds
Utah Housing Preservation Fund	The Utah Housing Preservation Fund will use these to match private dollars solely for the purpose of acquiring existing affordable housing projects to maintain their affordability for low-income individuals at or below 80% of area median income. At least 70% of the funds shall benefit persons whose annual income is at or below 50% of area median family income for the state. These funds may provide up to 20% of the capital requirement for targeted properties. 30% of the funds shall be distributed to rural areas of the State.	State General Funds
Section 8 Landlord Incentive	The Section 8 Landlord Incentive Program provides financial assistance to landlords to mitigate damages caused by tenants under the HUD Housing Choice Voucher Program, commonly known as Section 8. The goal of the program is to reduce financial risk for landlords to encourage them to open more rental units to Section 8.	State LIH
Transitional Rental Assistance	OWHLF agrees to provide funding to OHS in the amount of \$125,000 for the purpose of housing homeless and chronically homeless households. It is understood that the entire amount will be used to serve homeless and chronically homeless households with housing assistance in the form of TBRA. Participants will enter housing with the intended outcome of being exited to an appropriate permanent destination or remaining in a permanent housing destination that is paid for by another funding source.	State LIH

FY 2021 HOUSING PROGRAMS AND FUNDING SOURCES: DEPARTMENT OF WORKFORCE SERVICES

FY21 Housing Programs and Funding Sources (cont.)				
Funding Sources		AMIs	Amounts	Federal/State
HOME (multifamily)	The objectives of the HOME Investment Partnerships Program include (1) expanding the supply of decent and affordable housing, particularly housing for low- and very low-income Americans; (2) strengthening the abilities of State and local governments to design and implement strategies for achieving adequate supplies of decent, affordable housing; (3) providing financial and technical assistance to participating jurisdictions, including the development of model programs for affordable low-income housing; and (4) extending and strengthening partnerships among all levels of government and the private sector, including for-profit and nonprofit organizations, in the production and operation of affordable housing.	60% and below	\$ 3,152,541	F
HOME (Self-Help)	Same as above	80% and below	See above	F
National Housing Trust Fund (HTF)	The Housing Trust Fund is an affordable housing production program that complements existing federal, state, and local efforts to increase and preserve the supply of decent, safe, and sanitary affordable housing for extremely low-income and very low-income households, including homeless families (24 CFR part 93). Funds may be used for the production or preservation of affordable housing through the acquisition, new construction, reconstruction, and/or rehabilitation of non-luxury housing with suitable amenities. All Housing Trust Fund-assisted units have a minimum affordability period of 30 years.	30% and below	\$ 2,700,000	F
State Low-Income Housing (LIH) Funds		80% and below	\$ 2,175,613	S
Individual Development Account (State General Funds)	The Utah Individual Development Account Network, a multi-faceted financial education and matched savings program, was launched in October 2004 as a strategy to end poverty. Low-income working Utahns with earned income below 80% of area median income (AMI) and 200% of the Federal Poverty Level and less than \$10,000 in net assets (excluding one car and one home) receive \$2 for every \$1 saved toward the purchase of one of four productive assets designed to increase their net worth. The approved assets include first home, small business, post-secondary education including vocational training, and assistive technologies for work-related activities.	80% and below	\$ 89,500	S
PAB Gap Financing (State General Funds)	Appropriation to be used for gap financing of private activity bond financed multi-family housing.	60% and below	\$ 2,500,000	S
Housing Preservation (State General Funds)	Appropriation to be used to match private dollars for the preservation or construction of affordable housing units for low-income individuals.	80% and below	\$ 2,500,000	S
			\$ 13,117,654	

FY 2021 OLENE WALKER BOARD REPORT JULY 2020: DEPARTMENT OF WORKFORCE SERVICES

FY 21 Olene Walker Housing Loan Program Set-Asides				
<i>Set-Asides From New Money FY 21</i>				
		% of Total New Money	Federal/ State Funded	
HOME Investment Partnerships Program (HUD Year 20)	3,152,541	23.2%	F	
National Housing Trust Fund (FFY 20)	2,700,000	19.8%	F	
State Low-Income Housing Appropriation	2,175,613	16.0%	S	
Individual Development Accounts	89,500	0.7%	S	
Veteran First Time Home Buyer Program	500,000	3.7%	S	
S.B. 39 PAB Gap Financing	2,500,000	18.4%	S	
S.B. 39 Housing Preservation	2,500,000	18.4%	S	
TOTAL AVAILABLE FOR PROJECTS	13,617,654			

	TOTAL SET-ASIDE for FY 21		Available UNCOMMITTED FUNDS 7/1/2020
<i>Single Family Projects</i>			
Rural Self-Help Projects	500,000	F	500,000
Rural SF Acquisition/Rehab/Refinancing	400,000	S	400,000
Transitional Rental Assistance (TRA)	125,000	S	125,000
Individual Development Accounts	89,500	S	89,500
HomeChoice	750,000	S	750,000
Veteran First Time Home Buyer Program	500,000	S	500,000
TOTAL NEW MONEY AVAILABLE FOR SINGLE FAMILY DISTRIBUTION	2,364,500		2,364,500
<i>Multi-Family Projects</i>			
HOME Loans	2,652,541	F	2,652,541
National Housing Trust Fund	2,700,000	F	2,700,000
State Low-Income Housing	900,613	S	900,613
S.B. 39 PAB Gap Financing	2,500,000	S	2,500,000
S.B. 39 Housing Preservation	2,500,000	S	-
TOTAL NEW MONEY AVAILABLE FOR MULTI-FAMILY DISTRIBUTION	11,253,154		8,753,154
TOTAL NEW MONEY AVAILABLE FOR DISTRIBUTION	13,617,654		11,117,654
<i>Carry-In from Accrued Program Income/Uncommitted FY 20 Funds</i>			
HOME Loans	6,730,113	F	6,730,113
National Housing Trust Fund	149,602	S	149,602
State Low-Income Housing	4,111,986	S	4,111,986
Landlord Incentive Program	1,049	S	1,049
Rural Development Loan	-	S	-
TOTAL PIVUNCOMMITTED FUNDS AVAILABLE FOR DISTRIBUTION	10,992,750		10,992,750
<i>Total Funds Available for Multi-Family Projects</i>			
HOME Loans	9,382,653		9,382,653
National Housing Trust Fund	2,838,199		2,838,199
State Low-Income Housing	5,012,599		5,012,599
Rural Development Loan	-		-
S.B. 39 PAB Gap Financing	2,500,000		2,500,000
TOTAL FY 21 Multi-Family Funds Available	19,733,451		19,733,451
Total Multi-Family Commitments YTD FY 21			-
<i>BALANCE OF FY 21 PROGRAM INCOME EARNED</i>			
	7/1/2020		
HOME Loans	-		-
National Housing Trust fund	-		-
State Low-Income Housing	-		-
Rural Development Loans	-		-
Total FY 21 Program Income Earned	-		-
Total Olene Walker Housing Loan Fund Portfolio Assets YTD (Cash, Investments, Receivables)			
			160,507,002
Total HOME Loans in Fund Portfolio			441
Total State Low-Income Housing Loans in Fund Portfolio			576
Total Rural Development Loans in Fund Portfolio			34
Total Economic Revitalization Loans in Fund Portfolio			1
Total Housing Trust Fund Loans in Fund Portfolio			12
Total Loans in Fund Portfolio			1,064

* Federal Housing Trust Fund monies may be used for single family activities. The Allocation Plan may be modified.

*Rural Development Loans must be used in rural areas as specified by the loan agreement from the Department of Agriculture.

UTAH HOUSING CORPORATION THREE- YEAR SINGLE FAMILY PRODUCTION

YEAR	# HOUSEHOLDS SERVED	# 1ST TIME HOMEBUYERS	TOTAL MORTGAGE AMOUNT FINANCED	AVERAGE AMI % SERVED	TOTAL DOWN PAYMENT AMOUNT FINANCED
2018	4,559	3,913	\$1,024,408,677	80.0	\$52,097,940
2019	3,845	3,539	\$926,387,012	80.9	\$46,847,211
2020	4,642	4,029	\$1,260,422,254	75.0	\$67,443,235

KIANI, F., A. DILLON., CHOI, D., J. KIM AND F. SIDDIQ. 2020. “AFFORDABLE HOUSING STRATEGIES: STATE-OF-THE PRACTICE IN TEN UTAH CITIES” EDITED BY R. EWING AND I. GARCÍA. SALT LAKE CITY, UT: METROPOLITAN RESEARCH CENTER AT THE UNIVERSITY OF UTAH.

Figure 1: 2017 financial, policy/regulatory, and social/other. Source: Authors.

Tools:	Salt Lake City	South Salt Lake	Provo	West Valley City	Orem	Park City	Ogden	Sandy	West Jordan	Lehi	Total
Financial											
Local Tax Credits	No	No	Yes	No	Yes	No	No	No	No	No	2
Waiving/Reducing Impact Fees	Yes	Yes	No	No	No	Yes	No	No	No	No	0
Tax Abatement	No	No	No	No	No	No	No	No	No	No	0
Tax Increment Financing Reimbursements	Yes	No	Yes	Yes	No	No	Yes	No	Yes	No	5
Local Rent Supplement Program	No	No	No	No	No	No	No	No	No	No	0
Home Purchase Assistance Program	Yes	No	Yes	No	No	Yes	Yes	Yes	Yes	Yes	7
Housing Trust Fund or Community Land Trust	Yes	No	No	No	Yes	Yes	No	No	No	No	3
Policy											
Create Affordable Housing Plan/Model	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10
Update Zoning Code to allow higher density, or smaller lots (and infill ordinances), or looser requirements for materials on older houses	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10
Form-Based Code	Yes	Yes	No	No	No	Yes	No	No	No	No	3
Inclusionary Zoning	No	No	No	No	No	Yes	No	No	No	No	1
Density Bonuses	Yes	Yes	Yes	No	No	Yes	No	No	No	Yes	5
Reduced Parking Requirements	Yes	Yes	Yes	No	No	Yes	No	Yes	No	No	4
Preserving existing deed-restricted affordable housing	Yes	No	No	No	No	Yes	No	Yes	No	No	3
ADU Ordinance	Yes	No	Yes	No	Yes	No	Yes	Yes	No	Yes	6
Expedited Permitting	Yes	Yes	No	No	No	No	No	No	No	No	2
Transfer of Development Rights	No	No	No	No	No	No	Yes	No	No	No	1
Social/Other											
Employer-Assisted Housing (EAH)	No	No	No	No	No	Yes	No	No	Yes	No	2
Preservation of Long-Term Affordable Housing/Housing Rehabilitation Program	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	8
PPP (Public Private Partnerships)	No	No	No	No	No	Yes	No	No	Yes	No	2
Educate Residents on Housing Affordability Issues	No	No	No	No	Yes	Yes	Yes	No	No	No	3
City Public Housing	Yes	Yes	Yes	No	No	No	No	No	No	No	3

WOOD, J., ESKIC, D., BENWAY, D.,
AND MACDONALD-POELMAN.
HOUSING AFFORDABILITY: WHAT ARE
BEST PRACTICES AND WHY ARE THEY
IMPORTANT. KEM C. GARDNER
POLICY INSTITUTE, NOV. 2020

Table I.5: S.B. 34 Strategies Selected by Municipalities

Strategies	Number of Municipalities Committing to Strategy
Create or allow for, and reduce regulations related to, accessory dwelling units in residential zones	57
Rezone for densities necessary to assure the production of MIH (moderate-income housing)	50
Allow for higher density or moderate-income residential development in commercial and mixed-use zones, commercial centers, or employment centers	46
Encourage higher density or moderate-income residential development near major transit investment corridors	39
Facilitate the rehabilitation or expansion of infrastructure that will encourage the construction of MIH	32
Preserve existing MIH	28
Implement zoning incentives for low- to moderate-income units in new developments	26
Any other program or strategy implemented by the municipality to address the housing needs of residents of the municipality who earn less than 80% of the area median income	22
Eliminate or reduce parking requirements for residential development where a resident is less likely to rely on their own vehicle, e.g. residential development near major transit investment corridors or senior living facilities	21
Facilitate the rehabilitation of existing uninhabitable housing stock into MIH	17
Utilize strategies that preserve subsidized low- to moderate-income units on a long-term basis	15
Apply for or partner with an entity that applies for services provided by a public housing authority to preserve and create MIH	14
Utilize an MIH set aside from a community reinvestment agency, redevelopment agency, or community development and renewal agency	13
Consider general fund subsidies or other sources of revenue to waive construction-related fees that are otherwise generally imposed by the city	12
Reduce impact fees, as defined in Section 11-36a-102, related to low and MIH	12
Apply for or partner with an entity that applies for state or federal funds or tax incentives to promote the construction of MIH	12
Apply for or partner with an entity that applies for programs offered by the Utah Housing Corporation within that agency's funding capacity	12
Apply for or partner with an entity that applies for programs administered by an association of governments established by an interlocal agreement under Title 11, Chapter 13, Interlocal Cooperation Act.	11
Implement a mortgage assistance program for employees of the municipality or of an employer that provides contracted services to the municipality	10
Apply for or partner with an entity that applies for programs administered by a metropolitan planning organization or other transportation agency that provides technical planning assistance	10
Apply for or partner with an entity that applies for affordable housing programs administered by the Department of Workforce Services	9
Allow for single-room-occupancy developments	6
Participate in a community land trust program for low or MIH	4

Source: Utah Department of Workforce Services

NCSL: AMERICAN RESCUE PLAN FUNDS AND AFFORDABLE HOUSING (ENACTED)

Housing Investments Using ARPA Funds (Enacted)

State	Amount of Funding	Purpose of Funds	Legislation
Alaska	\$7 million	Provide grants for delinquent utility bills	H.B. 69
Colorado	\$550 million	Finance housing trust fund, finance housing development grant fund, expand eviction legal defense fund, create taskforce to better apply federal funding for state housing needs	HB21-1329
Illinois	\$114 million	\$75 million for the COVID-19 Affordable Housing Grant Program; \$28 million for supportive housing services; \$10 million for "Housing is Recovery Pilot Program Act" pilot program, \$1 million for the Homeless Youth Program	HB 2621
Maine	\$111.5 million	\$50 million to build more affordable housing (\$20 million of which requires developers to enter into a pre-hire, collectively bargained project labor agreement with the workers who will build the affordable housing); \$50 million for home energy efficiency, heating and ventilation upgrades for renters and low-income seniors; \$10 million to support homeless shelters; \$1.5 million to support housing navigators	L.D. 1733
Maryland	\$20 million	Provide utility assistance for qualifying families	Supplemental Budget No. 5
Pennsylvania	\$50 million	Accelerate Low-Income Housing Tax Credit construction projects (which had been previously delayed due to rapidly rising construction, material and labor costs)	SB 30
Vermont	\$99 million	\$94 million for to provide housing and increase shelter capacity (prioritizing those from the hotel/motel	H. 439
Washington	\$405.6 million	\$403 million to boost the state's emergency rental and utility assistance; \$2.6 million for essential needs and housing support programs	S.B. 5092

NCSL: AMERICAN RESCUE PLAN FUNDS AND AFFORDABLE HOUSING (PROPOSED)

Housing Investments Using ARPA Funds (Proposed)

State	Amount of Funding	Purpose of Funds	Legislation
Massachusetts	\$1 billion	\$300 million to support expanded homeownership activities; \$300 million for the statewide production of senior and veteran housing; \$200 million for Mass Housing's Commonwealth Builder Program; \$200 million for rental housing production and increased housing options for workers and residents of disproportionately impacted municipalities	Governor's Proposal
North Carolina	\$575 million	\$460 million for new housing development and rehabilitation of existing units; \$75 million for down payment assistance to first time homebuyers; \$40 million for the Workforce Housing Loan Program	Governor's Proposal
New Jersey	\$750 million	\$500 million in rental assistance to tenants and property providers; \$250 million in utility relief	S.B. 3691
District of Columbia	\$543 million	Provides funds for the housing preservation fund, low-barrier shelters for transgender residents, employer-assisted housing, Community Land Trust Grants, emergency shelter services, domestic violence housing acquisition, office of the tenant advocate, and affordable housing acquisition. Funds the Housing Product Trust Fund and Homeward DC program through fiscal year 2024.	Mayor's Proposal

UNDERSTANDING CONTRIBUTING FACTORS TO HOMELESSNESS

October 2021 Analysis



	All Project Types	Literally Homeless Projects (Emergency Shelter, Transitional Housing, and Street Outreach)
Number of Individuals Served	23,818	12,475
Age		
Under 18	4,934	1,636
18-24	2,148	1,136
25-54	12,248	7,350
55-64	3,067	1,739
65+	1,093	584
Unknown Age	328	30
Gender		
Female	9,754	4,675
Gender Non-Conforming	69	45
Male	13,498	7,591
Transgender	94	56
Unknown Gender	403	108

Source: Department of Workforce Services



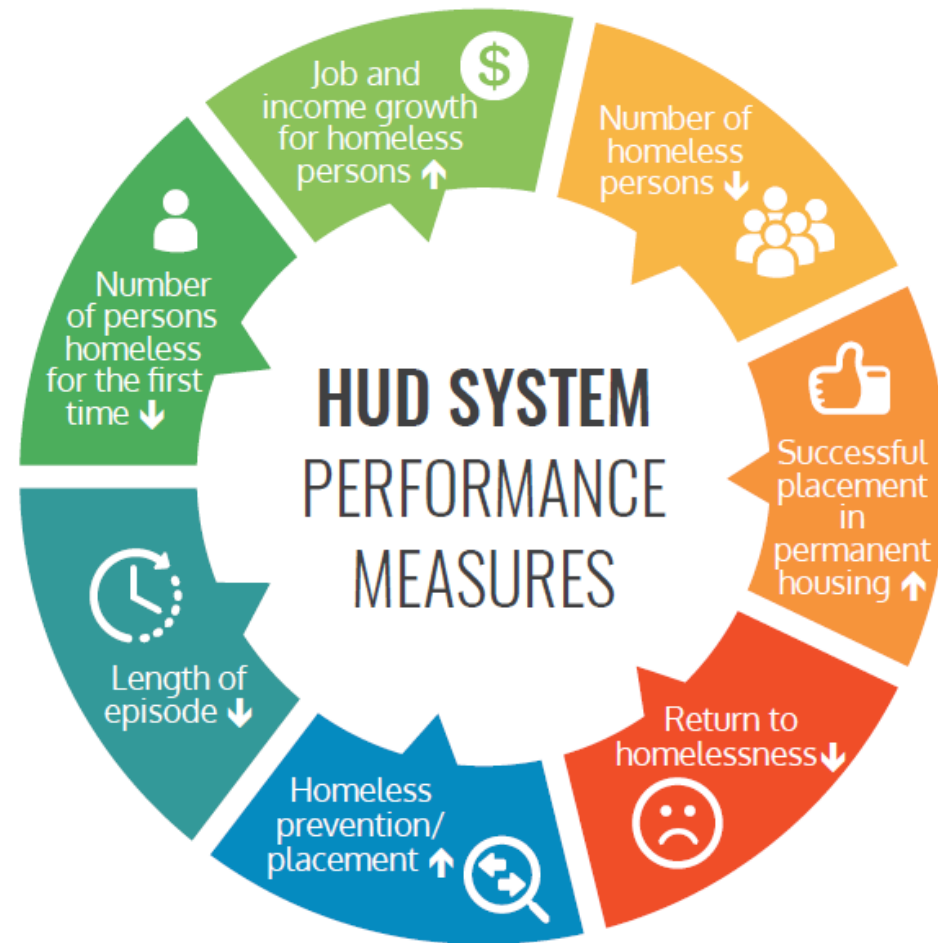
	All Project Types	Literally Homeless Projects (Emergency Shelter, Transitional Housing, and Street Outreach)
Race		
American Indian, Alaska Native, or Indigenous	1,319	739
Asian or Asian American	249	106
Black, African American, or African	2,252	1,192
Multi-Racial	875	499
Native Hawaiian or Pacific Islander	535	268
White	17,654	9,291
Unknown Race	934	380
Ethnicity		
Hispanic/Latin(a)(o)(x)	5,264	2,561
Non-Hispanic/Non-Latin(a)(o)(x)	17,788	9,548
Unknown Ethnicity	766	366
Veterans		
Self-Reporting as Veterans	1,491	668

	All Project Types	Literally Homeless Projects (Emergency Shelter, Transitional Housing, and Street Outreach)
Potential Barriers to Housing		
Survivors of Domestic Violence	5,139	2,857
Survivors Currently Fleeing Demostic Violence	1,932	1,049
Mental Health Disorder	8,545	5,006
Mental Health Disorder Considered Disabling	6,824	3,980
Alcohol Use Disorder	6,376	1,921
Alcohol Use Disorder Considered Disabling	1,911	1,064
Chronic Health Condition	6,082	3,845
Chronic Health Condition Considered Disabling	5,114	3,298
HIV/AIDS	329	119
Drug Use Disorder	5,350	2,924
Drug Use Disorder Considered Disabling	3,255	1,935
Developmental Disability	3,315	2,106
Physical Disability	4,904	3,323
Physical Disability Considered Disabling	4,094	2,804

	All Project Types	Literally Homeless Projects (Emergency Shelter, Transitional Housing, and Street Outreach)
Accessing Government Programs		
General Assistance Income	260	117
Social Security Disability Insurance (SSDI) Income	1,700	990
Social Security Insurance (SSI) Income	2,076	12,01
Temporary Assistance for Needy Families (TANF) Income	217	89
Unemployment Insurance	298	44
VA Service-Connected Disability Compensation	350	113
VA Non-Service-Connected Disability Pension Compensation	101	44
SNAP Benefits	6,576	3,369
TANF Child Care Services Benefits	25	4
TANF Transportation Services Benefits	3	2
Other TANF-funded Services Benefits	20	7
WIC Benefits	48	18

STATEWIDE GOALS AND BENCHMARKS

- Measures progress toward making homelessness rare, brief, and non-recurring



MOTIONS FOR CONSIDERATION: OFFICE OF HOMELESS SERVICES

Have the Coordinator and Office of Homeless Services:

- Report on updates to HMIS and data integration in the June 2022 meeting (spending of money from SB 244 (2020 General Session) \$1.5 million).
- Report back on the revamped strategic plan in the October 2022 meeting of SS
- Propose three new performance measures for the Office of Homeless Services line item that align with the strategic plan
 - The legislative audits on homeless performance outcomes and social services performance measures should inform the development of these measures